The epidemiology of HIV in Northern and Western Europe

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Outline

- Over twenty five years of prevention and treatment
  - Trends in HIV and AIDS
- Situation today – successes and concerns
- New strategies needed
Acknowledgements
Conference Organisers, ECDC
HPA Colleagues
Caroline Semaille (France)
Osamah Hamouda (Germany)
Summary of HIV and AIDS trends in Northern Europe

New HIV diagnoses
- Stabilising overall

But
- Ongoing increases in MSM – (eg: Germany, France, UK, Netherlands). MSM remain the group most at acquiring HIV.

- Slow increase in number of heterosexuals acquiring HIV in the UK, particularly among black-African individuals – stable in France and Germany
Prevalence
- Low in IDU <2%
- High amongst black-African populations (>4%)
- High amongst MSM (10% in major cities)

- Good uptake of ARV with few AIDS cases and AIDS deaths

- Late diagnosis and high proportion of persons unaware of their infection is major concern
- Late diagnoses results in high risk of early death.
New HIV diagnoses reported in 2006
per million population, WHO European Region

HIV cases per million
- < 20
- 20 - 99
- 100 - 199
- 200+
- Not available

Source: EuroHIV
New HIV diagnoses by mode of transmission, EU, 1996-2006

* Countries with data available for the whole period: Belgium, Cyprus, Czech Republic, Denmark, Finland, Germany, Greece, Hungary, Ireland, Latvia, Lithuania, Luxembourg, Poland, Slovakia, Slovenia, Sweden, United Kingdom.
AIDS incidence per million population, by geographic area, 1988-2006, WHO European Region

Data adjusted for reporting delays
* Countries excluded (data not available for the whole period): West: Andorra, Monaco; East: Azerbaijan, Uzbekistan
HIV / Aids in France, year 2007

- 6,500 [6,300-6,800] new HIV diagnoses
  - 1 out of 3 are from Sub-Saharan countries
  - >1 out of 3 are infected by homosexual intercourses
  - Very few drug users (<2%)
  - 17% are diagnosed at AIDS stage
- 1,200 new Aids cases
- 5 millions HIV tests performed (unlinked anonymous tests and blood donations excluded), 79 tests/1000 hab.
Decrease of new HIV diagnoses, France

InVS, data reported by 31/12/2007 adjusted for reporting delay and under-reporting
Trends of new HIV diagnoses by transmission groups, France

InVS, data reported by 31/12/2007 adjusted for reporting delay and under-reporting
Neu diagnostizierte HIV-Infektionen in Deutschland (02/2009) – (Germany)
AIDS in Deutschland (12/2007) nach Infektionsweg und Diagnosejahr (N=26.013)
HIV and AIDS diagnoses and deaths among HIV diagnosed persons, UK: 1981-2008

- HIV Diagnoses
- HIV adjusted*
- AIDS Diagnoses
- Deaths

* Adjusted for reporting delay
HIV infections newly diagnosed in injecting drug users and men who have sex with men, by country, and year of report, 2002–2006

Migrant populations

% from a country with a originating generalised epidemic among heterosexually infected persons diagnosed with HIV in 2006

Source: EuroHIV
### Estimated proportion of HIV-infected persons unaware of their infection

<table>
<thead>
<tr>
<th>Country</th>
<th>Estimated % HIV-infected persons unaware of their infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Czech Republic</td>
<td>20-25%</td>
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<tr>
<td>Denmark</td>
<td>15-20%</td>
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<td>France</td>
<td>30%</td>
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<td>Germany</td>
<td>25-30%</td>
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<td>Italy</td>
<td>25%</td>
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<td>Latvia</td>
<td>50%</td>
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<td>Netherlands</td>
<td>40%</td>
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<td>Poland</td>
<td>&gt;50%</td>
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<td>Slovakia</td>
<td>20-30%</td>
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<td>Sweden</td>
<td>12-20%</td>
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<td>UK</td>
<td>30%</td>
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<tr>
<td>Total EU</td>
<td>About 30%</td>
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</tbody>
</table>
Drivers of HIV & STI transmission

- Risk context/Behaviour of populations
- Control programme
- Biology/Ecology of organisms
- Socio-economic environment
- HIV incidence

Time
Successes in controlling HIV in Western Europe

- Early and sustained commitment from government
- Strong partnership with civil society
- Human rights approach to prevention and care
- Good surveillance systems with ‘visible’ vulnerable populations
- Comprehensive prevention and treatment options addressing vulnerable populations
  - NEP and substitution therapy for IDUs
  - STI, HIV and HCV services
  - High level of ART access
  - Antenatal screening and prevention of MTCT
- Addressing stigma and decriminalisation
  - Anti-discrimination laws and acceptance of homosexuality
What is driving the HIV & STI epidemic in 2009

- Socio-Political
  - Stigma and discrimination
  - Migration

- Biological
  - Increasing pool
  - Late diagnosed
  - Undiagnosed fraction
  - Increasing STIs
  - Early seroconverters
  - ?Drug resistance

- Risk context and behaviour
  - Stigma and discrimination
  - Increase risk behaviours
  - Changing sexual networks

Condoms won't stop spread of AIDS, says Pope

Condoms are not the answer to the HIV/AIDS epidemic in Africa, Pope Benedict said Tuesday while on his way to the continent for a seven-day visit.

"You can't react against the distribution of condoms," the Pope told reporters aboard his plane to Yaounde, Cameroon. "On the contrary, it increases the problem."

It's the first time the Pope has directly addressed the issue of condom use, which has been a divisive issue in the Roman Catholic Church.

While health workers — including some priests and nuns working with people with AIDS — advocate the use of condoms to curb the spread of disease during sex, the Catholic church promotes fidelity within marriage, chastity, and abstinence.
Concerns and challenges

- **MSM** remain the behavioural group at greatest risk of acquiring HIV
- New diagnoses among MSM are the highest on record since the start of the epidemic
- Incidence of HIV remains high
- High risk behaviours (changing context eg: Internet, drugs)
- Co-infection with other STIs very common
- Poor culture of HIV testing (esp UK)
Concerns and challenges (cont)

- Reducing late diagnoses and high proportion of undiagnosed
  - Expanding testing and changing the culture of testing
- Need to address growing heterosexual transmission esp among ethnic minority groups
- Barriers to care (IDU, prisoners and migrant populations)
- Despite efforts, ongoing stigma, discrimination and criminalisation
- Improving data for Monitoring and Evaluation
Next steps

Expanding Testing
- Earlier treatment
Revisiting MSM health promotion strategies
New intervention for migrant populations
Improving surveillance to better inform programs
- STARHS testing to detect incident cases
- Better monitoring of people in care

Diagnosed HIV infected individuals seen for HIV-related, UK

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Individuals</th>
<th>1998</th>
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Late HIV diagnosis in London 2007 (the HIV Prevention Indicator)

Source: HPA late HIV diagnoses data (2007)

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Health Protection Agency, 100016968. [2008]
HIV tests performed per thousand population, WHO European Region, 2005

HIV tests per 1,000
- Red: 50 +
- Orange: 25 - 49
- Yellow: 10 - 24
- Light yellow: < 10
- White: Not available

* Or latest year: † 2002; ‡ 2003; § 2004
Expanding HIV Testing in the UK

- STI and antenatal attendees
- HIV testing routinely offered and recommended to, for example, all from a high prevalence country, all MSM, all reporting history of IDU, all diagnosed with an STI
- Specific indicator diseases
- Persons registering in general practice and all general medical admissions where diagnosed HIV prevalence exceeds 2 in 1000
Rates of diagnosed HIV-infected adults (15+) seen for HIV-related care in the UK, by PCT of residence: 2007

Data source: SOPHID

HIV and STI Department - Centre for Infections
Thank you

Surveillance – Needs to guide and monitor prevention efforts

HIV and STI Department - Centre for Infections
Clear Sexual Health Messages

MSM

- At least annual HIV testing as part of a full sexual health screen
- Have fewer sexual partners, and avoid overlapping or concurrent sexual partnerships
- Use condoms consistently with all casual and new sexual partners, and continue to do so until both have been screened.
- For HIV negative men, serosorting (unprotected sex with men who are of the same HIV status) carries a considerable risk as up to one in 25 MSM in London and one in 50 outside London have undiagnosed HIV.
- For HIV positive men, serosorting poses a risk of acquiring other STIs, with serious treatment implications.